



Advocating for Underserved
Arkansas Women

FY2011

**JULY 1
2010**

—THROUGH—
**JUNE 30
2011**

WOMEN'S HEALTH STILL OUR #1 PRIORITY

When the Arkansas General Assembly passed the Breast Cancer Act of 1997, the fate of hundreds of Arkansas women took a turn for the better with this assurance of Arkansas's commitment to improving women's health for generations to come. Under the direction of the Governor's Breast Cancer Control Advisory Board, guidelines were established making breast cancer diagnostic and treatment services available through the BreastCare program to Arkansas women who had little or no health insurance or who could not otherwise afford these critical services. Since BreastCare began providing services in February of 1999, thousands of Arkansas women have been enrolled in the program and are receiving services annually.

What is BreastCare?

BreastCare is a comprehensive early detection and treatment program providing free breast and cervical cancer screenings to Arkansas women age 40 to 64 who have no health insurance coverage and a household income at or below 200% of the federal poverty level. The progress in raising awareness of the importance of regular breast and cervical cancer screenings in our target group validates the collaborative efforts of the BreastCare team, a network of healthcare providers, and other partners who make education, diagnostic and treatment services available. During FY11, BreastCare processed more than 91,509 calls and served 10,032 women at a cost of approximately \$3.2 million dollars.

BreastCare is making a difference in the health of underserved women in Arkansas.

Program qualifications:

- 40 - 64 years of age
- Income at or below 200% of the federal poverty level
- No health insurance
- Arkansas resident



PLANNING FOR A YEAR OF CHANGE

Program to Change for Greater Efficiency

The number of underserved Arkansas women eligible for BreastCare remained at approximately 50,000 in FY11. In order to make screening services available to more women in this group in the coming year, BreastCare put the wheels in motion for significant program changes to take place in FY12. These changes will allow more dollars to go into direct services without sacrificing quality or confidentiality.

Providers Take the Lead

Providers have always played a key role in the success of the BreastCare program and FY11 was no exception. Providers began training to help women determine their eligibility for BreastCare services and to facilitate their enrollment or re-enrollment in the program. This change was initiated to make enrollment and appointments more efficient and enable BreastCare to serve up to 3,000 additional women each year. As FY11 came to a close, women were instructed via media messages to contact their primary care providers to enroll or re-enroll in BreastCare.

Through the changes BreastCare enacted in FY11, it will be possible for more women in BreastCare's targeted demographic areas to receive screening services in the future.

BREASTCARE: EARLY DIAGNOSIS AND TREATMENT ARE THE KEYS

Without a cure for breast or cervical cancer, early detection and early treatment remain our best allies in mitigating the effects of these diseases on Arkansas women and their families. Getting women to say "Yes" to annual mammograms and regular Pap (cervical cancer screening) tests is the first step.

FACT: BreastCare participants' cancers are diagnosed earlier when treatment is less costly and has a higher likelihood of long-term success.

FACT: Women in the BreastCare program who receive a cancer diagnosis have better outcomes than those who come into the program after they have already received a diagnosis of cancer.

Mammograms and Pap Tests are the Goal

When a qualifying woman is enrolled by her physician, she is scheduled for a clinical breast exam, Pap test and mammogram. As with any screening program, there will be some women who receive abnormal results. BreastCare's five regional care coordinators provide follow-up case management if they receive a diagnosis of breast or cervical cancer, assisting them throughout the treatment process and beyond.

THE BOTTOM LINE IN FY 2011

48,483

women eligible to receive services¹

9,625

women enrolled²

4,115

new enrollees²

91,509

calls processed²

10,032

women served²

8,070

mammograms performed²

5,715

Pap tests performed²

268

women diagnosed with breast or cervical cancer³

\$3,254,214

spent on screening, diagnostic and treatment services⁴

SINCE FEBRUARY 1999

1,305,807

calls processed

143,523

mammograms performed

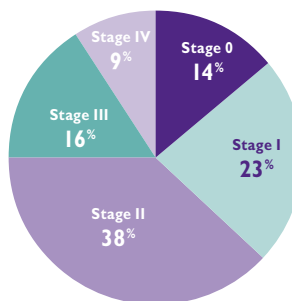
72,627

Pap tests performed

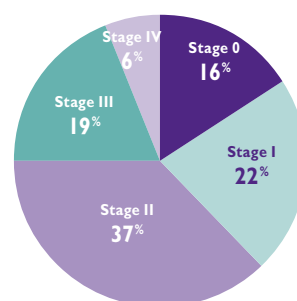
2,786

cases of breast or cervical cancer diagnosed and/or treated

Breast Cancer Stage at Time of Diagnosis for BreastCare Patients



Fiscal Year 2010



Fiscal Year 2011

Data Source: ADH Online System, BreastCare Data

Early Detection for Better Outcomes at Lower Cost

Breast cancer is categorized as Stage 0, I, II, III or IV according to the size of the tumor and the involvement of lymph nodes and other organs. Because early stage breast cancer can be treated successfully and cost-effectively, early detection is critical. Annual screening mammograms are the best tool we currently have to help assure breast cancer is detected early.

The value of the BreastCare screening program is clear when we consider early diagnosis presented in the FY11 Staging Chart. As we saw in 2010 and again in 2011, three-fourths of the women who received a diagnosis of cancer while in the BreastCare program had an early stage cancer. The high costs and poor outcomes associated with late stage diagnosis and treatment make the case for regular breast cancer screening stronger than ever. Effective screening makes early detection and treatment possible and successful.

¹ Small Area Health Insurance Estimates by demographics, income, State and County, 2007 US Census Bureau.

² HP Enterprise Services, BreastCare Data.

³ Women diagnosed with invasive breast and cervical cancers; represents those enrolled in Medicaid category 07, DHS.

⁴ BreastCare funding sources include state tobacco excise and sales taxes, federal grant, and Komen grant.

BREASTCARE MEETS PERFORMANCE STANDARDS

Federal funding for programs such as BreastCare is tied closely to performance. In order to assess program performance, the Centers for Disease Control and Prevention established routine data collection standards that must be met by states receiving funds from the National Breast and Cervical Cancer Early Detection Program. These 11 core clinical indicators reflect how well women are served by state programs. For the fourth consecutive year, BreastCare met or exceeded all of these clinical standards.



CORE PROGRAM PERFORMANCE INDICATORS January - December 2010			ARKANSAS RESULTS	
Indicator Type	Program Performance Indicator	CDC Standard	Percentage	Standard Met?
Screening	Initial Program Pap Tests; Rarely or Never Screened	≥ 20%	45.5%	YES
	Screening Mammograms Provided to Women ≥ 50 Years of Age	≥ 75%	94.3%	YES
Cervical Cancer Diagnostic Indicators	Abnormal Screening Results with Complete Follow-Up	≥ 90%	93.8%	YES
	Abnormal Screening Results; Time from Screening to Diagnosis > 90 Days	≤ 25%	0.0%	YES
	Treatment Started for Diagnosis of HSIL, CIN II, CIN III, CIS, Invasive	≥ 90%	87.5%	YES
	HSIL, CIN II, CIN III, CIS; Time from Diagnosis to Treatment > 90 Days	≤ 20%	16.7%	YES
	Invasive Carcinoma; Time from Diagnosis to Treatment > 60 Days	≤ 20%	0.0%	YES
Breast Cancer Diagnostic Indicators	Abnormal Screening Results with Complete Follow-Up	≥ 90%	95.3%	YES
	Abnormal Screening Results; Time from Screening to Diagnosis > 60 Days	≤ 25%	7.9%	YES
	Treatment Started for Breast Cancer	≥ 90%	97.4%	YES
	Breast Cancer; Time from Diagnosis to Treatment > 60 Days	≤ 20%	1.4%	YES

Source: Centers for Disease Control and Prevention (CDC), October 2011
MDE Submission Feedback.

INVESTING IN WOMEN'S HEALTH

BreastCare Gets More for Less

Thanks to the generosity of BreastCare Providers, we were once again able to provide crucial screening and diagnostic services at well below the average cost. In fact, BreastCare clients received \$3.35 in clinical services for every dollar spent in Fiscal Year 2011.

BREAST CARE NUMBERS PER CONGRESSIONAL DISTRICT	1st District	2nd District	3rd District	4th District
Total Funds Spent ¹	\$1,336,024	\$1,942,238	\$1,559,676	\$1,047,632
Total State Funds Spent	\$650,827	\$1,054,554	\$952,663	\$506,2519
Counties in District	26	8	12	29
Women Eligible for Services ²	11,524	11,445	13,623	11,891
Clients Served ³	2,969	2,036	2,318	2,709
Clients with Cancer Diagnosis ⁴	74	59	64	71
BreastCare Providers	568	905	566	410

¹ BreastCare funding sources include state tobacco excise and sales taxes, federal grant, and Komen grant.

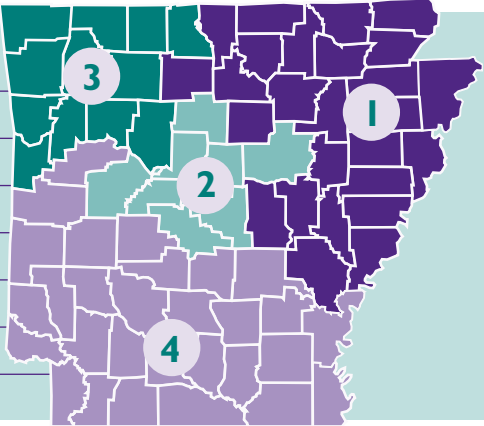
² Small Area Health Insurance Estimates/County and State by demographic and income characteristics/2011 US Census Bureau.

³ Unduplicated number of women served by BreastCare, HP Enterprises Services, BreastCare Data.

⁴ Clients diagnosed with breast and cervical cancers, does not include pre-cervical cancer; represent those enrolled in Medicaid category 07, DHS, BCC Listing.

Where the Money Goes

The allocation of federal, state and private funds to maximize services remains a priority. As in the past years, clinical services received the largest portion of funds in Fiscal Year 2011.



PEOPLE WHO MAKE A DIFFERENCE

2011 Josetta Wilkins Award Winners

Dr. Josetta Wilkins, in championing women's health issues in our state, has made a profound difference in the lives of generations of Arkansas women. A breast cancer survivor herself, Dr. Wilkins was the driving force behind legislative action resulting in passage of the Breast Cancer Act of 1997 and she is still an active participant in promoting good breast health practices. In her honor, we recognize one volunteer, one professional and one organization each year for outstanding achievement in the area of breast cancer activism.



Individual Winner
Vicki Vowell



Professional Winner
Dr. V. Suzanne
Klimberg



Organizational Winner
Merlin
Foundation,
Dr. Merlin Leach

MAKING PROGRAM CHANGES HAPPEN

In July 2011, the BreastCare program prepared for the closing of the enrollment center. Changing the enrollment procedure meant that much time and attention was devoted to provider training. In FY11, providers received training on how to enroll their eligible patients in BreastCare. Much of this training was conducted online through webinars and by BreastCare's Nursing Coordinators.

Physicians and health units were also empowered in FY11 to handle their own enrollment as BreastCare providers. The new online procedures prepare the program and its participants to further reduce the amount of paperwork and move to electronic reporting and system management.

Making such dramatic changes to the BreastCare enrollment processes – both provider and patient enrollment – required a great deal of planning and communication between BreastCare and providers. It also meant extensive internal training for BreastCare personnel as well.

BreastCare Nursing Coordinators offered three webinar training sessions attended by 377 providers including 177 private providers, and 200 people from three Area Health Education Centers (AHECs) and Community Health Centers (CHCs). Training included the patient enrollment process, scheduling appointments and how to input screening results for later analysis and evaluation.

BreastCare team members also offered three provider enrollment training sessions on the process of accessing the internet-based BreastCare Provider Enrollment System (BreastCarePES). The BreastCarePES is a new system designed by the BreastCare program to replace the manual method of provider enrollment.

Keeping in close touch with providers as plans were formulated and executed facilitated a smooth transition and put BreastCare in a good position to make a difference in more lives as we start FY12.

Breast Cancer Control Advisory Board

Ronda Henry-Tillman, MD
Board Co-Chair

University of Arkansas for
Medical Sciences
Little Rock, Arkansas
REPRESENTING
Medical Oncology
Term expires 1/1/12

Jerri Fant, MD
Board Co-Chair

Breast Health Clinics of Arkansas
REPRESENTING
Arkansas Medical Society
Term expires 1/1/15

Sondra Bedwell, RN
MNSC, FNP

University of Arkansas for
Medical Sciences, AHEC-SW
Texarkana, Arkansas
REPRESENTING
Arkansas Nursing Association
Term expires 1/1/12

Barbara Daugherty

Little Rock, Arkansas
REPRESENTING
Susan G. Komen for the Cure
Term expires 1/1/12

Sarah Faitak
Fayetteville, Arkansas

REPRESENTING
Women's Health Advocacy
Term expires 1/1/15

Tammy Gavin

White River Medical Center
Batesville, Arkansas
REPRESENTING
Arkansas Hospital Association
Term expires 1/1/13

John Lynch, MD
Jonesboro, Arkansas

REPRESENTING
Radiation Oncology
Term expires 1/1/13

Laura Hutchins, MD

University of Arkansas for
Medical Sciences
Little Rock, Arkansas
REPRESENTING
American Cancer Society
Term expires 1/1/13

The BreastCare Team

The BreastCare Team is committed to ensuring that BreastCare's quality services are available to thousands of underserved Arkansas women. From public education and training to managing countless provider contracts, the BreastCare Team continues to excel in its endeavors to reach this goal.

Melody Parsley, MS

Program Director

Michelle Snortland, MBA

Program Administrator

Shiela Couch

Contracts and Accounts Manager

Dianne Crippen, RN

Program Nursing Coordinator

Joanne Jones, RN

Program Nursing Coordinator

Renee House, RN

Program Nursing Coordinator

Treniece Tyler, MHA

Health Educator

Adam Nelsen

Case Manager

Meghan Hunt

Case Manager

Rupa Sharma, MSPH, MSc

Senior Epidemiologist

Bamidele Olaleye

Data Manager

Kenesha Carbage

Medical Records Technician

Geray Pickle

Budget Coordinator

Wanda Lung'aho

Accountant

Lisa Buckner

Administrative Assistant

Care Coordinators

Our Care Coordinators provide case management services for BreastCare clients and function as liaisons between the Arkansas Department of Health and the local providers who perform the screening. They also provide education and outreach to existing and potential BreastCare providers.

Debby Vodrazka Harris, RN

Northwest Region

Lisa Martin, RN

Northeast Region

Polly Lockett-Fox, RN

Central Region

Julie Huntley, RN

Southwest Region

Renee Roland, RN

Southeast Region

